Linder the Communic Controllers and of 1005 to name on the control

POWE	R OF ATTORNEY TO PRO	SECUTE APPI	ICATIONS B	EFORE	THE US	PTO
hareby revol	ke all previous powers of attorney	given in the applic	ation identified in	the sta	hed statem	ent under
hereby appo						
Practitions OR	ars associated with the Customer Humber	:	03775			
_	er(s) named below (if more than ten paten	practitioners are to be	named, then a custo	mer Númbel	rmust be used	F):
	Nema	Registration Number	Registration No.			Registration
	-				. 10	
[2]	this correspondence address for the applic old ress associated with Customer Number all Name		RECIRCO SISTEMANI UP]	3.73(b) to:	
Country						
Telephone			Email			- 1
A copy of th	4600 Kans And Form, together with a statement against an in which this form is used against in the form is the against appointed in this form if the a entity the application in which this 300	ppointed practition Power of Attorney NATURE of Assistan	b) (Form PTO/SB/ t under 37 CFR 3. er is authorized to is to be filed.	73(b) may act on b	be complet chalf of the	ed by one o
	The bidiyidual proper signature and	file is supplied below	a authorized to act or		te serignee 1 / 4 / 20	10
Signature	14/			-5.0	., .,	
Name (Michael R. Geroe			Telephon	816-93	1-1826

Title

Tries collection of to demonstrate desired by 17 FE 131, 123 and 133. This information is included by placed by the public which is 30 ms, control by the 100 FE 131, 123 and 133. This information is included by the public which is 30 ms, control by the 100 FE 131 and 17 FE 131, 131 and 131. This information is included to a similar to the 100 FE 131 and 131. This information is included to a similar to the 131 and 131. This information is included to a similar to the 100 FE 131 and 131. This information is information in a similar to the 131 and 131 and